

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

4.b. EPSDT (continued)

14. Such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan. The state assures that in those cases where medical necessity is established for such services beyond the established age grouping, the state will provide such services using its prior authorization approval process.
15. Developmentally disabled children and infants from birth up to their third birthday are eligible for compensable services rendered pursuant to Part C of the Individuals with Disabilities Education Act (IDEA), and its amendments
 - a. Child health screening examination: All necessary components of the screening examination as defined at 42 CFR 441.56(b) must be performed. At a minimum this must include a comprehensive health and developmental history; comprehensive unclothed physical examination; appropriate vision and hearing testing; appropriate laboratory tests; and a dental screening. The screening must be provided at any time the family requests the service and without regard to the periodicity schedule.
 - b. Partial Screening (Child Health Encounter). May include a diagnosis and treatment encounter, a follow-up health encounter, or a home visit. This service may include a child health history, physical examination, developmental assessment, nutrition assessment and counseling, social assessment and counseling, indicated laboratory and screening tests, screening for appropriate immunizations, health counseling, and treatment of common childhood illness and conditions.
 - c. Hearing and Hearing Aid evaluation: Includes pure tone air, bone and speech audiometry provided by a State licensed audiologist.
 - d. Audiometry test: Audiometric test (Immittance {Impedance} audiometry or tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate) provided by a State licensed audiologist.
 - e. Ear impression (for earmold): ear impressions (for earmold) includes taking impression of client's ear and providing a finished earmold which is used with the client's hearing aid provided by a State licensed audiologist.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

4.b. EPSDT (continued)

- f. Speech Language evaluation: speech language evaluations must be provided by a State licensed speech language pathologist.
- g. Physical Therapy evaluation: Physical therapy evaluations must be provided by a State licensed physical therapist.
- h. Occupational Therapy evaluation: Occupational therapy evaluations must be provided by a State licensed occupational therapist.
- i. Psychological evaluation and testing: Psychological evaluation and testing must be provided by State licensed, board certified, psychologists; or school psychologists certified by the State Department of Education.
- j. Vision screening: Visual examination must be provided by a State licensed Doctor of Optometry (O.D.) or licensed physician specializing in ophthalmology (M.D. or D.O.). At a minimum, must include diagnosis and treatment for defects in vision.
- k. Child Guidance Treatment Encounter: This encounter may occur through the provision of individual, family or group treatment services to infants and toddlers who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language or hearing. These encounters are initiated following the completion of a diagnostic encounter and subsequent development of the Individual Family Services Plan (IFSP), and may include the following:

- (1.) Hearing and Vision Services:
- (2.) Speech Language Therapy Services
- (3.) Physical Therapy Services:
- (4.) Occupational Therapy Services:
- (5.) Nursing Services:
- (6.) Psychological Services
- (7.) Psychotherapy and Counseling Services:

All services must be provided by properly certified and State licensed providers

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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- p. Personal Care Services: Provision of these services allow infants and toddlers with disabilities to function safely in their activities of daily living. Include, but is not limited to, assistance with toileting, feeding, positioning, and hygiene. Services must be provided by paraprofessionals who are registered with the Department of Health or Personal Care Assistants, including Licensed Practical Nurses, who have completed on-the-job training specific to their duties.
- q. Immunizations: Immunizations must be coordinated with the Primary Care Physician for those Medicaid eligible infants and toddlers enrolled in **SoonerCare**. An administration fee, only, can be paid for immunizations provided by the Health Department.
- r. Interperiodic Screening Examinations: Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. They may include physical, mental or dental conditions. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental or educational professional who comes into contact with the child outside of the formal health care system.

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Attachment 3.1-A
Page 1a-6.8

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

4.b. EPSDT (continued)

16. Podiatrists' Services. Payment is made for medically necessary surgical procedures and medically necessary outpatient visits; and procedures generally considered as preventive foot care. Services beyond this limitation are available if, as a result of an EPSDT screening, they are determined to be medically necessary and prior authorized.
17. Rehabilitative Services. The descriptive name for these services is "Behavior Health Services". These services are for children and youth with special, psychological, social and emotional needs requiring intensive, therapeutic care. The services require prior authorization and are comprised of the following components as are indicated in a plan of treatment (a plan being inherent in the provision of therapy and not covered as a separate item of this service/procedure) : group therapy, individual therapy, family therapy, substance abuse/chemical dependency therapy, basic living skills redevelopment, social skills redevelopment, and crisis/behavior management.

Behavior health services may be provided by the following types of providers : 1) Hospitals (refer to Attachment 3.1-A, Page 1a-2.6) 2) outpatient mental health services providers (refer to Attachment 3.1-A, Page 1a-2.2); and 3) residential foster care providers (the term "residential foster care provider" means any agency licensed by the State of Oklahoma as a "child placing agency".) Under State statutes, only a licensed child placing agency or an agency of the State of Oklahoma may lawfully place a child outside his or her own home or the home of a relative. Any licensed child placing agency which meets program requirements and which enters into a contract with the State Medicaid Program, may provide services.

The parents of clients not in the custody of the State of Oklahoma may select any eligible provider as the provider of these services. In the case of children in the custody of the State of Oklahoma, the State, acting in its custodial role, selects the provider agency.

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Residential Behavior Management Services in Group Settings and Non-Secure Diagnostic and Evaluation Centers

Organized Health Care Delivery System. The Oklahoma Health Care Authority (OHCA) recognized an Organized Health Care Delivery System (OHCDS) as an entity with an identifiable component within its mission which is organized for the purpose of delivering health care. The entity must furnish at least one service covered by the Oklahoma Medicaid State Plan itself (i.e. through its own employees). Those employees who furnish each service must meet the State's minimum qualifications for its provision. So long as the entity continues to furnish at least one service itself, it may contract with other qualified providers to furnish Medicaid covered services.

Residential Behavior Management Services. Residential Behavior Management Services are provided by OHCDS for children in the care and custody of the State who have special psychological, behavioral, emotional and social needs that require more intensive care than can be provided in a family or foster home setting. The behavior management services are provided in the least restrictive environment and within a therapeutic milieu. The group setting is restorative in nature, allowing children with emotional and psychological problems to develop the necessary control to function in a less restrictive setting. Medical necessity criteria must be met for Residential Behavior Management Services (RBMS). RBMS are reimbursed in accordance with the intensity of supervision required for the group setting in which the client is placed. Clients residing in the following settings receive the corresponding levels of care:

Level E	Maximum Supervision
Level D+	Highly Intensive Supervision
Level D	Close Supervision
Wilderness Camp	Close Supervision
Level C	Minimum Supervision
Residential Diagnostic and Evaluation Centers	Intensive Supervision and a 20 Day comprehensive assessment
OJA Operated Home	Intensive Supervision

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Sanctions Home

Highly Intensive Supervision

Independent Living
Group Home

Intensive Supervision

It is expected that RBMS in group settings are an all-inclusive array of treatment services provided in one day. In the case of a child who needs additional specialized services, under the Rehabilitation Option, prior authorization is required. Concurrent documentation must be provided that these services are not duplicative in nature.

Treatment Plan Development. A treatment plan for each resident shall be formulated by the Provider Agency staff within 30 days of admission with documented input from the Agency which has permanent or temporary custody of the child and when possible the parent. This plan shall be revised and updated at least every six months and with documented involvement of the Agency which has permanent or temporary custody of the child. This documented involvement can be written approval of the treatment plan. A treatment plan is considered inherent in the provision of therapy and is not covered as a separate item of RBMS. The treatment plan is individualized taking into account the child's age, history, diagnosis, functional levels, and culture. It includes appropriate long term and short term goals with time lines. Each resident's treatment plan shall also address the Provider Agency's plans with regard to the provision of services in each of the following areas:

Individual Therapy. The Provider Agency shall provide individual therapy on a weekly basis to children and youth receiving RBMS in Wilderness Camps, Level D, OJA Operated Group Homes, Level D+ Homes, Level E Homes, Independent Living Homes, and Sanctions Homes. Clients residing in Diagnostic and Evaluation Centers and Level C Group Homes receive Individual Therapy on a as needed basis. Individual therapy must be age appropriate and the techniques and modalities employed relevant to the goals of the individual's treatment plan.

Group Therapy. The Provider Agency shall provide group therapy to children and youth receiving RBMS. Group therapy must be age appropriate and the techniques and modalities employed relevant to the goals of the individual's treatment plan. The Minimum expected occurrence would be one hour per week in Level D, Level C, OJA

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Operated, Wilderness Camps and Independent Living. Two hours per week are required in Levels D+ and E. Two hours per day are required in Sanctions Homes. Group therapy is not required for Diagnostic and Evaluation Centers.

Family Therapy. The Provider Agency shall provide family therapy as indicated by the resident's individual treatment plan. The Agency shall work with the caretaker to whom the resident will be discharged, as identified by the OHCDS custody worker. The Agency shall seek to support and enhance the child's relationships with family members, if the custody plan for the child indicated family reunification. The RBMS provider shall also seek to involve the child's parents in treatment team meetings, plans and decisions and to keep them informed of the child's progress in the program. Any service provided to the family must have the child as the focus.

Substance Abuse/Chemical Dependency Education Prevention Therapy. The Provider Agency shall provide substance abuse/chemical dependency therapy for residents who have emotional or behavioral problems related to substance abuse/chemical dependency, to begin maintain and enhance recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction. This service shall be considered ancillary to any other formal treatment program in which the child participated for treatment and rehabilitation. For residents who have no identifiable alcohol or other drug use, abuse, or dependency age appropriate education and prevention activities are appropriate. These may include self esteem enhancement, violence alternatives, communication skills or other skill development curriculums.

Basic Living Skills Redevelopment. The Provider Agency shall provide goal directed activities designed for each resident to restore, retain, and improve those basic skills necessary to independently function in a family or community. Basic living skills redevelopment is age appropriate and relevant to the goals of the treatment plan. This may include, but is not limited to food planning and preparation, maintenance of personal hygiene and living environment, household management, personal and household shopping, community awareness and familiarization with community resources, mobility skills, job application and retention skills.

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Social Skills Redevelopment. The Provider Agency shall provide goal directed activities designed for each resident to restore, retain and improve the self help, communication, socialization, and adaptive skills necessary to reside successfully in home and community based settings. These are age appropriate, culturally sensitive and relevant to the goals of the individual treatment plan.

Behavior Redirection. The Provider Agency shall be able to provide behavior redirection management by agency staff as needed 24 hours a day, 7 days per week. The Agency shall ensure staff availability to respond in a crisis to stabilize residents' behavior and prevent placement disruption.

PROVIDERS

Eligible Providers. Payment is made for RBMS in group settings and non-secure Diagnostic and Evaluation Centers to any OHCDs who is a child placing agency who has a statutory authority for the care of children in the custody of the State of Oklahoma and which enters into a contract with the State Medicaid program. The OHCDs must certify to the OHCA that all direct providers of services (whether furnished through its own employees or under contract) meet the minimum program qualifications. RBMS and Diagnostic and Evaluation services are covered only for those beds contracted by the OHCDs.

Qualifications of Staff. Staff furnishing individual, group or family counseling or therapy as part of the behavior management services treatment must meet the qualifications of a licensed mental health professional working within the scope of his/her practice, or have completed the educational components required for one of the mental health professions and be currently obtaining the required supervision to become licensed. A licensed mental health professional includes licensed clinical psychologist, licensed social workers with clinical specialty, licensed registered nurses with certification for practice as an advanced practice nurse/clinical nurse specialist in psychiatric/mental health nursing, licensed professional counselors, licensed physicians.

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Until April 1, 2000, qualified mental health professionals (QMHP) may be certified by the Office of Juvenile Affairs or the Department of Human Services using the Oklahoma Health Care Authority QMHP standards. QMHPs may furnish individual, group or family counseling or therapy as part of the behavior management services treatment. Such persons may not hold themselves out to the public by any title or description incorporating the word psychological, psychologist or psychology: or by any title of the practitioners noted in the paragraph above. The persons authorized to provide these services noted in this paragraph shall be authorized to provide such services until April 1, 2000. At that time the OHCA shall no longer pay qualified mental health professionals to provide such services.

Staff providing other RBMS shall receive initial and ongoing training in at least one of the following areas: anger management, crisis intervention, normal child and adolescent development and the effect of abuse, neglect and/or violence on such development, grief and loss issues for children in out of home placement, interventions with victims of physical, emotional and sexual abuse, care and treatment of children with attachment disorders, care and treatment of children with hyperactive, or attention deficit, or conduct disorders, care and treatment of children, youth and families with substance abuse and chemical dependency disorders, passive physical restraint procedures, procedures for working with delinquents or the Child in Need of Mental Health Treatment Act. In addition, staff providing other RBMS shall have access to consultation with appropriate licensed mental health professionals.

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4.b. EPSDT (continued)

18. EPSDT services furnished by qualified school providers of health related services to eligible individuals under the age of 21.

Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule listed in Attachment 3.1-A, Page 1a-6.3g. The screening examination must contain all the components listed in Attachment 3.1-A, Page 1a-6.1 through Page 1a-6.3b, to be compensable.

Partial Screening (Child Health Encounter): Encounter may include a diagnosis and treatment encounter, a follow-up health encounter, or a health encounter in a recipient's home. A Child Health Encounter may include a child health history, physical examination, developmental assessment, nutrition assessment and counseling, social assessment and counseling, genetic evaluation and counseling, indicated laboratory and screening tests, screening for appropriate immunizations health counseling and treatment of childhood illness and conditions.

Hearing and Hearing Aid Evaluation: Hearing evaluation includes pure tone air, bone and speech audiometry provided by a state licensed audiologist (1) who holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA); or (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

Audiometry Test: Audiometric test (Immittance [Impedance] audiometry or tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate) provided by a state licensed audiologist (1) who holds a certificate of clinical competence from ASHA; from the American Speech and Hearing Association (ASHA); or (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

Ear Impression (for earmold): Ear impression (for earmold) includes taking impression of a client's ear and providing a finished earmold which is used with the client's hearing aid provided by a state licensed audiologist (1) who holds a certificate of clinical competence from ASHA; (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

Vision Screening: Vision screening examination must be provided by a state licensed Doctor of Optometry (O.D.) or state licensed physician specializing in ophthalmology (M.D. or D.O.). At a minimum, vision services include diagnosis and treatment for defects in vision.

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